

STATE OF NEVADA  
Department of Public and Behavioral Health  
**Emergency Medical System Program**  
4150 TECHNOLOGY WAY, SUITE 101  
CARSON CITY, NEVADA 89706  
(775) 687-7590



**Emergency Medical Services Children Grant**

This Grant is be used for pediatric training or equipment  
**Please complete the following application by typing or printing clearly.**

Agency Name: \_\_\_\_\_

Training to be conducted or Equipment requested: \_\_\_\_\_

Amount of funding requested: \$ \_\_\_\_\_

Propose of grant: ☐ Equipment ☐ Training

Local Government Agency to receive and administer the funds (If different from above): \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip) (Tax I.D. #)

Authorized Local Official: \_\_\_\_\_  
(Print Name)

Authorized Local Official: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

Training Program Coordinator: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Email address: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

In addition to this application please submit (on agency letterhead) a brief explanation of the need for this training program or equipment and; the following information:

- Scope of Work: Needs to include a description or outline of the educational program to be conducted with a list of goals and objectives. For equipment request, need to include a full detailed description of equipment, how the equipment will be used and the impact Nevada.
- The number of EMS personnel expected to participate in the training (for training only)
- A brief description of the geographic area to be served by the training or equipment.
- A detailed budget that shows the total costs of the training program or equipment.

**Submit application and required documentation to:**

Division of Public and Behavioral Health  
EMS Program- Attention: Connie McFadden  
4150 Technology Way, Suite 101  
Carson City NV 89706  
Fax: (775) 687-7595

***EMS Office Use Only***

Date Received: \_\_\_\_\_ Reviewed By: \_\_\_\_\_

EMS Program Director: \_\_\_\_\_ ☐ Approved ☐ Denied Date: \_\_\_\_\_

Amount Authorized: \$ \_\_\_\_\_ Budget/Category: \_\_\_\_\_